ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

STATE FILE NO.

2593

	BIRTH NO.		CERTIFICA	IE OF DEATH		00
11- 15				1 2. USUAL RESIDENCE (REGISTRAR'S NO. WHERE DECEASED LIVED.	
12 86	A. COUNTY	-			F INSTITUTION: RESIDENC	
OF DEATH	Yuma Yuma			A. STATE Arizons	B. COU	Yuma
ÀND .	OR	E CORPORATE LIMITS, WRITE RURAL)	C. LENGTH OF STAY	C. CITY (IF OUTSIDE CO	DRFORATE LIMITS, WRITE	RURAL)
RESIDENCE		, rural	1 day 40 yr		rural	
Property of	D. FULL NAME OF	(IF NOT IN HOSPITAL OR I		D. STREET		GIVE LOCATION)
, ⊃	INSTITUTION }	Yuma General Hos	poital	ADDRESS	C and 8th St.	•
- V	3. NAME OF A.	(FIRST) B.	(MIDDLE) C.		4. SEX	5. COLOR OR RACE
r	DECEASED	ILLIAM	PETER			1
1			B. AGE	COOPER	<u>l Male</u>	White
	6. MARRIED NEVER MARRIED WIDOWED DIVORCED		1 1 1	HOURS MIN.	9A. USUAL OCCUPATION DURING MOST OF LIFE	(GIVE KIND OF WORK E, EVEN IF RETIRED).
EDENT 5	I	1 12010		1 1	Farmer	
SONAL -2	9B, KIND OF BUSI- NESS OR INDUSTRY	10. BIRTHPLACE (STATE	E 11. CITIZEN OF WHAT	12. WAS DECEASED EVER IN		13. SOCIAL SECURITY
ATA/72	Farming	OR FOREIGN COUNTRY)	USA TRY?	no	. WAN ON DAILS OF SERVICE!	no
7.1	14A. FATHER'S NAME	Ē	148. BIRTHPLACE	15A MOTHER'S MAIDEN	NAME	15B. BIRTHPLACE
G	Charles B	Caman	STATE OR COUNTRY)	alena Ilala	End on	(STATE OF COUNTRY)
1/1-1	Charles P.	NATURE	ADDRESS	1 German / Co		1 Opers
41	alma Schr	# 1588 Tt	taversuch	OF		AY) (YEAR)
	10 CAUCE OF DEATH	1 7 3 3 3			<u>ril 20</u>	1951
5705	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE	1 DICEACE OF COMO	MEDICAL QE	RTIFICATION		INTERVAL BETWEEN
AUSE	PER LINE FOR (a), (b), (c).	I. DISEASE OR CONDITED TO THE PROPERTY LEADING TO	TO DEATH* (a)	Vienna		1day
	THIS DOES NOT MEAN		13 14	non a	~ 4 A _ 4 _	
OF	THE MODE OF DYING. SUCH AS HEART FAIL-	ANTECEDENT CAUSES MORBID CONDITIONS, 15 A	7.5	Il selection (Hostuclen	1 day
ATH V	URE. ASTHENIA. ETC.	RISE TO THE ABOVE CAUS	SE (A) STAT-			7
M 18)	IT MEANS THE DISEASE INJURY. OR COMPLICA-	ING THE UNDERLYING CA				/
// // // // // // // // // // // // //	TION WHICH CAUSED DEATH.	II. OTHER SIGNIFICAN	DUE TO (C) &	<u>र्मा प्रदेश हैं। जिल्ला के लिए</u>		
6	PLACE DISEASE CON-	CONDITIONS CONTRIBUTION	NG TO THE DEATH BUT NOT			:
	TRACTED.	RELATING TO THE DISEAS	SE OR CONDITION CAUSING I	DĒĀTH.		
ATIONS, 7	19A, DATE OF OPERA	TION 198. WYTON	FINGINGS OF OPERATION	11-1		20. AUTOPSY?
OPSY	1514015	-)	VALE INC	4	•	
4 2/1		- ou	meno or	escuelar		YES NO
ATH X	21A. AGCIDENT	(SPECIFY)	218. PLACE OF INJURY	(E. G., IN OR ABOUT HOME,	21C. (CITY OR TOWN)	YES NO (COUNTY) (STATE)
ATH (21A. ACCIDENT SUICIDE HOMICIDE	(SPECIFY)	218. PLACE OF INJURY FARM. FACTORY, STR	(E. G., IN OR ABOUT HOME, REET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN)	I
) / 1	SUICIDE HOMICIDE		218. FLACE OF INJURY FARM. FACTORY, STR	REET, OFFICE BLDG., ETC.)		I
E TO	SUICIDE HOMICIDE		FARM. FACTORY, STR	21F. HOW DID INJURY OF		I
E TO	SUICIDE HOMICIDE 21D. TIME (MONTH) OF	(DAY) (YEAR) (HOUR)	21E. INJURY OCCURRED	21F. HOW DID INJURY OF		I
E TO	SUICIDE HOMICIDE 21D. TIME (MONTH) OF	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DE	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY O	CCUR?	(COUNTY) (STATE)
E TO RNAL ENCE	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIFT	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DE	FARM, FACTORY, STR	21F. HOW DID INJURY OF	CCUR?	(COUNTY) (STATE)
E TO RNAL ENCE ICAL RONER'S	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIF	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DE	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY O	CCUR?	(COUNTY) (STATE)
E TO RNAL ENCE	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIFT	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DE	FARM, FACTORY, STR	21F. HOW DID INJURY OF	CCUR?	(COUNTY) (STATE) AST SAW THE DECEASED
E TO RNAL ENCE ICAL RONER'S ICATION	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHTIF ALIVE ON TOWN 23A. SIGNATURE	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DE	FARM, FACTORY, STR	21F. HOW DID INJURY OF	CCUR?	AST SAW THE DECEASED E. 23C. DATE SIGNED
E TO RNAL ENCE ICAL RONER'S ACATION ERAL 93	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIF ALIVE ON 23A. SIGNATURE 24A. BURIAL CREMATION	Y THAT I ATTENDED THE DE	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE DEATH OCCURRED AT DOLL BEE TITLE:	21F. HOW DID INJURY OF	THE DATE STATED ABOVE	AST SAW THE DECEASED E. 23C. DATE SIGNED OWLOGICOUNT) (STATE)
E TO RNAL ENCE IICAL RONER'S ICATION	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHTIF ALIVE ON TOWN 23A. SIGNATURE	Y THAT I ATTENDED THE DE	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE EASED FROM DEATH OCCURRED T. 601 BEE TITLE: 24C. NAME OF CEMETE Desert Lawn Men	21F. HOW DID INJURY OF TO	THE DATE STATED ABOVE 24D. LOCATION (CITY.T YIMA, Arizone	AST SAW THE DECEASED E. 23C. DATE SIGNED TOWLOGOUNTS, (STATE)
ICAL RONER'S ICATION	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIFT ALIVE ON 23A. SIGNATURE 24A. BURIAL CREMATION DREMOVAL DREMOVAL DREMOVAL	Y TAT I ATTENDED THE DESTRUCTION (DEG	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE EASED FROM DEATH OCCURRED T. 601 BEE TITLE: 24C. NAME OF CEMETE Desert Lawn Men	21F. HOW DID INJURY OF TO	THE DATE STATED ABOVE 24D. LOCATION (CITY.T YIMA, Arizone	AST SAW THE DECEASED E. 23C. DATE SIGNED TOWLOWCOUNT, (STATE) ADDRESS
ICAL RONER'S ICATION ERAL 93 CTOR ND	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHITIF ALIVE ON TOTAL 23A. SIGNATURE 24A. BURIAL CREMATION DREMOVAL 25A. DATE REC'D BY	Y TAT I ATTENDED THE DESTRUCTION (DEG	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE WORK AT NOT WHILE EASED FROM DEATH OCCURRED T. 601 BEE TITLE: 24C. NAME OF CEMETE Desert Lawn Men	21F. HOW DID INJURY OF THE PROPERTY OF CHEMATORY 26. FUNERAL DIRECTOR'S	THAT I LATE STATED ABOVE THE DATE STATED ABOVE 24D. LOCATION (CITY. T Yuma, Arizona 5 signature Thuary Box	AST SAW THE DECEASED E. 23C. DATE SIGNED TOWN OFFICUNTY, (STATE) B. ADDRESS
RNAL ENCE FICAL RONER'S CATION ERAL 93 CTOR ND	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. 1 HEREBY CHRIFT ALIVE ON 23A. SIGNATURE 24A. BURIAL CREMATION REMOVAL REMOVAL COLOR COLOR	(DAY) (YEAR) (HOUR) M Y THAT I ATTENDED THE DEPARTMENT (DEG. 1985) 2 B. DATE 2 LI-23-51 25B. REGISTRAR'S SIG	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE LEASED FROM DEATH OCCURRED AT OCCURRED TITLE: 24C. NAME OF CEMETE DOSCR'T LAWN MORE GNATURE	21F. HOW DID INJURY OF TO	THAT I LATE STATED ABOVE THE DATE STATED ABOVE 24D. LOCATION (CITY. T Yuma, Arizona 5 signature Thuary Box	AST SAW THE DECEASED E. 23C. DATE SIGNED TOW. OFFICURT, (STATE) B. ADDRESS 310 Arizona Cert. No.
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